

PCT

WORLD INTELLECTUAL PROPERTY ORGANIZATION  
International Bureau



BA

INTERNATIONAL APPLICATION PUBLISHED UNDER THE PATENT COOPERATION TREATY (PCT)

<b>(51) International Patent Classification <sup>6</sup> :</b> <b>A61K 31/535</b>	<b>A1</b>	<b>(11) International Publication Number:</b> <b>WO 99/15177</b> <b>(43) International Publication Date:</b> 1 April 1999 (01.04.99)
<b>(21) International Application Number:</b> PCT/US98/18139 <b>(22) International Filing Date:</b> 1 September 1998 (01.09.98)  <b>(30) Priority Data:</b> 60/059,626 23 September 1997 (23.09.97) US  <b>(71) Applicant (for all designated States except US):</b> ELI LILLY AND COMPANY [US/US]; Lilly Corporate Center, Indianapolis, IN 46285 (US).  <b>(72) Inventor; and</b> <b>(75) Inventor/Applicant (for US only):</b> HEILIGENSTEIN, John, Harrison [US/US]; 1202 West 56th Street, Indianapolis, IN 46228 (US).  <b>(74) Agents:</b> TITUS, Robert, D. et al.; Eli Lilly and Company, Lilly Corporate Center, Indianapolis, IN 46285 (US).		<b>(81) Designated States:</b> AL, AM, AU, AZ, BA, BB, BG, BR, BY, CA, CN, CU, CZ, EE, GE, GH, GM, HR, HU, ID, IL, IS, JP, KE, KG, KP, KR, KZ, LC, LK, LR, LS, LT, LU, LV, MD, MG, MK, MN, MW, MX, NO, NZ, PL, RO, RU, SD, SG, SI, SK, SL, TJ, TM, TR, TT, UA, UG, US, UZ, VN, YU, ZW, ARIPO patent (GH, GM, KE, LS, MW, SD, SZ, UG, ZW), Eurasian patent (AM, AZ, BY, KG, KZ, MD, RU, TJ, TM), OAPI patent (BF, BJ, CF, CG, CI, CM, GA, GN, GW, ML, MR, NE, SN, TD, TG).  <b>Published</b> <i>With international search report.</i>
<b>(54) Title:</b> TREATMENT OF ATTENTION-DEFICIT/HYPERACTIVITY DISORDER  <b>(57) Abstract</b>  Reboxetine is used to treat attention-deficit/hyperactivity disorder.		

**FOR THE PURPOSES OF INFORMATION ONLY**

Codes used to identify States party to the PCT on the front pages of pamphlets publishing international applications under the PCT.

AL	Albania	ES	Spain	LS	Lesotho	SI	Slovenia
AM	Armenia	FI	Finland	LT	Lithuania	SK	Slovakia
AT	Austria	FR	France	LU	Luxembourg	SN	Senegal
AU	Australia	GA	Gabon	LV	Latvia	SZ	Swaziland
AZ	Azerbaijan	GB	United Kingdom	MC	Monaco	TD	Chad
BA	Bosnia and Herzegovina	GE	Georgia	MD	Republic of Moldova	TG	Togo
BB	Barbados	GH	Ghana	MG	Madagascar	TJ	Tajikistan
BE	Belgium	GN	Guinea	MK	The former Yugoslav Republic of Macedonia	TM	Turkmenistan
BF	Burkina Faso	GR	Greece	ML	Mali	TR	Turkey
BG	Bulgaria	HU	Hungary	MN	Mongolia	TT	Trinidad and Tobago
BJ	Benin	IE	Ireland	MR	Mauritania	UA	Ukraine
BR	Brazil	IL	Israel	MW	Malawi	UG	Uganda
BY	Belarus	IS	Iceland	MX	Mexico	US	United States of America
CA	Canada	IT	Italy	NE	Niger	UZ	Uzbekistan
CF	Central African Republic	JP	Japan	NL	Netherlands	VN	Viet Nam
CG	Congo	KE	Kenya	NO	Norway	YU	Yugoslavia
CH	Switzerland	KG	Kyrgyzstan	NZ	New Zealand	ZW	Zimbabwe
CI	Côte d'Ivoire	KP	Democratic People's Republic of Korea	PL	Poland		
CM	Cameroon	KR	Republic of Korea	PT	Portugal		
CN	China	KZ	Kazakhstan	RO	Romania		
CU	Cuba	LC	Saint Lucia	RU	Russian Federation		
CZ	Czech Republic	LI	Liechtenstein	SD	Sudan		
DE	Germany	LK	Sri Lanka	SE	Sweden		
DK	Denmark	LR	Liberia	SG	Singapore		
EE	Estonia						

-1-

**TREATMENT OF ATTENTION-DEFICIT/HYPERACTIVITY DISORDER**

The invention belongs to the fields of pharmaceutical chemistry and psychiatric medicine, and provides a method of treatment of the psychiatric disorder known as attention-deficit/hyperactivity disorder.

For some decades it has been recognized that a significant number of children are persistently hyperactive and have an attention span so short as to be disabling in school and in many personal relationships. Such children in earlier times would no doubt have been dismissed as incorrigible and punished or even confined in an institution. More recently, however, it was realized that these children cannot control their hyperactivity and inattention, and the medical professions began to try to help them. Methylphenidate (Ritalin™) has been used for some time to treat such children and it often significantly improves their ability to function and coexist with other people at school and at home. However, the drug has the disadvantages of requiring several doses per day, and producing a rebound effect as the effect of each dose fades away. Further, the drug causes sleeplessness and lack of appetite in some patients. Methylphenidate has both noradrenergic and dopaminergic activities.

Imipramine, desipramine, nortriptyline, amitriptyline and clomipramine are also used in some cases of attention-deficit/hyperactivity disorder (ADHD). Those tricyclic drugs, however, have a number of physiological mechanisms and, as a class, tend to produce a number of side effects and require careful supervision and dose titration.

In the last decade, psychiatrists have realized that ADHD is not only a disorder of childhood, but often continues in the adult. It is obvious that hyperactivity and short attention span cause grave disruption in an adult's life, but it is only recently that such patients have been able to obtain any treatment.

-2-

The need for a safe and convenient treatment for ADHD, applicable to both children and adults and without the disadvantages possessed by methylphenidate continues to be a concern of the psychiatric profession.

5 The present invention provides a method of treating attention-deficit/hyperactivity disorder comprising the administration to a patient in need of such treatment of an effective amount of reboxetine.

10 Reboxetine, 2-[ $\alpha$ -(2-ethoxy)phenoxybenzyl]morpholine, is usually administered as the racemate. It was first taught by U.S. Patent 4,229,449, which describes its utility for the treatment of depression. Reboxetine is a selective norepinephrine reuptake inhibitor. The term "reboxetine" will be used here to refer to any acid addition salt or the  
15 free base of the molecule existing as the racemate or either enantiomer.

Reboxetine is a safe drug, and its use in ADHD, in both adults and children, is a superior treatment for that disorder because of its improved safety. The compound is  
20 particularly selective, having few if any physiological effects besides those on norepinephrine processing, and therefore is free of side effects and unwanted activities. Further, it is effective at relatively low doses, as discussed below, and may safely and effectively be  
25 administered once per day. Thus, difficulties created by the multiple dosing of patients, who are children and disorganized adults, are completely avoided.

The effective dose of reboxetine for ADHD is in the range from about 1 mg/day to about 100 mg/day. The  
30 preferred adult dose is in the range from about 5 to about 80 mg/day, and a more highly preferred adult dose is from about 10 to about 60 mg/day. The children's dose of course is smaller, in the range from about 1 to about 70 mg/day, more preferably from about 5 to about 60 mg/day and still  
35 more preferably from about 5 to about 50 mg/day. The optimum dose for each patient, as always, must be set by the physician in charge of the case, taking into account the

-3-

patient's size, other medications which the patient requires, severity of the disorder and all of the other circumstances of the patient.

Since reboxetine is readily orally absorbed and requires only once/day administration, there is little or no reason to administer it in any other way than orally. It may be formulated in the usual oral pharmaceutical forms, such as tablets, capsules, suspensions, and the like. The usual methods of pharmaceutical scientists are applicable. It may usefully be administered, if there is any reason to do so in a particular circumstance, in other pharmaceutical forms, such as injectable solutions, depot injections, suppositories and the like, which are well known to and understood by pharmaceutical scientists. It will substantially always be preferred, however, to administer reboxetine as a tablet or capsule and such pharmaceutical forms are recommended.

The ADHD patient is rather readily recognized, and most people have been in contact with children, if not adults, who exhibit some or all of the symptoms of the disorder. The best description of the disorder is the diagnostic criteria for ADHD, published by the American Psychiatric Association in the Diagnostic and Statistical Manual of Mental Disorders, Fourth Version (1994), as follows.

-4-

**Diagnostic criteria for Attention-Deficit/  
Hyperactivity Disorder**

A. Either (1) or (2):

5

- (1) six (or more) of the following symptoms of **inattention** have persisted for at least 6 months to a degree that is maladaptive and inconsistent with developmental level:

10

*Inattention*

15

- (a) often fails to give close attention to details or makes careless mistakes in schoolwork, work, or other activities

20

- (b) often has difficulty sustaining attention in tasks or play activities

25

- (c) often does not seem to listen when spoken to directly

30

- (d) often does not follow through on instructions and fails to finish schoolwork, chores, or duties in the workplace (not due to oppositional behavior or failure to understand instructions)

35

- (e) often has difficulty organizing tasks and activities

- (f) often avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort (such as schoolwork or homework)

- (g) often loses things necessary for tasks or activities (e.g., toys, school assignments, pencils, books, or tools)

- (h) is often easily distracted by extraneous stimuli

-5-

(i) is often forgetful in daily activities

- (2) six (or more) of the following symptoms of **hyperactivity-impulsivity** have persisted for at least 6 months to a degree that is maladaptive and inconsistent with developmental level:

*Hyperactivity*

(a) often fidgets with hands or feet or squirms in seat

(b) often leaves seat in classroom or in other situations in which remaining seated is expected

(c) often runs about or climbs excessively in situations in which it is inappropriate (in adolescents or adults, may be limited to subjective feelings of restlessness)

(d) often has difficulty playing or engaging in leisure activities quietly

(e) is often "on the go" or often acts as if "driven by a motor"

(f) often talks excessively

*Impulsivity*

(g) often blurts out answers before questions have been completed

(h) often has difficulty awaiting turn

(i) often interrupts or intrudes on others (e.g., butts into conversations or games)

- B. Some hyperactive-impulsive or inattentive symptoms that caused impairment were present before age 7 years.

-6-

- C. Some impairment from the symptoms is present in two or more settings (e.g., at school [or work] and at home).
- D. There must be clear evidence of clinically significant impairment in social, academic, or occupational functioning.
- E. The symptoms do not occur exclusively during the course of a Pervasive Developmental Disorder, Schizophrenia, or other Psychotic Disorder and are not better accounted for by another mental disorder (e.g., Mood Disorder, Anxiety Disorder, Dissociative Disorder, or a Personality Disorder).

It will be seen that ADHD is a disorder made up of two components, the attention deficit component and the hyperactivity component, which are to a degree independent. Treatment with reboxetine is effective in patients who are primarily suffering from either component or from the combined disorder.

While ADHD is still primarily regarded as a disorder of children, it is now understood that many ADHD patients, as many as 50%, continue to suffer from the disorder as they grow through adolescence into adulthood. Biederman and associates have extensively studied the adult ADHD patient, and have found numerous cases. See, for example, Biederman, et al., Am. J. Psychiatry 150, 1792-98 (1993). They found that cases of adult ADHD were frequently found among the parents and adult siblings of childhood ADHD patients. Thus, it appears that the disease is not only carried forward into adulthood, but is inheritable.

The Biederman, et al. article cited immediately above, as well as another article by the same authors, Am. J. Psychiatry 148, 564-77 (1991), reports studies of ADHD patients who also have one or more other psychiatric disorders. The authors indicate that such psychiatric co-morbidity is quite common among ADHD patients and, naturally, cloud the diagnosis and treatment of such



-7-

patients. Reboxetine is effective in the treatment of ADHD, even though the situation of the treated patient may be complicated by co-morbidity with one or more additional disorders.

5           The mere listing of the above diagnostic criteria indicates the seriousness of ADHD and the damage which it does to the patient. A person having a moderately severe case of ADHD is substantially entirely unable to concentrate and hence unable to do meaningful work or study; is a  
10 continuing distraction and nuisance to those around her or him, because of the uselessly impulsive activity which the disorder causes; and consumes his or her family in cleaning up and repairing the damage and disruption which he or she causes. Such a patient of school age may substantially  
15 damage the teacher's ability to accomplish the class' goals, because the ADHD child will continually disrupt the class, distract the other children and consume the teacher's effort. Thus, it is readily apparent that an improved treatment of ADHD is needed, and that the present invention  
20 is accordingly important to many people.

          The method of the present invention is effective in the treatment of patients who are children, adolescents or adults, and there is no significant difference in the symptoms or the details of the manner of treatment among  
25 patients of different ages. In general terms, however, for purposes of the present invention, a child is considered to be a patient below the age of puberty, an adolescent is considered to be a patient from the age of puberty up to about 18 years of age, and an adult is considered to be a  
30 patient of 18 years or older.

-8-

We claim:

1. A method of treating attention-deficit/hyperactivity disorder comprising administering to a patient in need of such treatment an effective amount of reboxetine.

5 2. A method of Claim 1 wherein the predominantly inattentive type of attention-deficit/hyperactivity disorder is treated.

10 3. A method of Claim 1 wherein the predominantly hyperactive-impulsive type of attention-deficit/hyperactive disorder is treated.

4. A method of Claim 1 wherein the combined type of attention-deficit/hyperactivity disorder is treated.

5. A method of Claim 1 wherein the patient is an adult.

15 6. A method of Claim 5 wherein the predominantly inattentive type of attention-deficit/hyperactivity disorder is treated.

20 7. A method of Claim 5 wherein the predominantly hyperactive-impulsive type of attention-deficit/hyperactive disorder is treated.

8. A method of Claim 5 wherein the combined type of attention-deficit/hyperactivity disorder is treated.

9. A method of Claim 1 wherein the patient is an adolescent.

25 10. A method of Claim 9 wherein the predominantly inattentive type of attention-deficit/hyperactivity disorder is treated.

30 11. A method of Claim 9 wherein the predominantly hyperactive-impulsive type of attention-deficit/hyperactive disorder is treated.

12. A method of Claim 9 wherein the combined type of attention-deficit/hyperactivity disorder is treated.

13. A method of Claim 1 wherein the patient is a child.

35 14. A method of Claim 13 wherein the predominantly inattentive type of attention-deficit/hyperactivity disorder is treated.

-9-

15. A method of Claim 13 wherein the predominantly hyperactive-impulsive type of attention-deficit/hyperactive disorder is treated.

5 16. A method of Claim 13 wherein the combined type of attention-deficit/hyperactivity disorder is treated.

## INTERNATIONAL SEARCH REPORT

International application No.  
PCT/US98/18139

**A. CLASSIFICATION OF SUBJECT MATTER**

IPC(6) :A61K 31/535

US CL :514/238.8, 231.2

According to International Patent Classification (IPC) or to both national classification and IPC

**B. FIELDS SEARCHED**

Minimum documentation searched (classification system followed by classification symbols)

U.S. : 514/238.8, 231.2

Documentation searched other than minimum documentation to the extent that such documents are included in the fields searched  
NONE

Electronic data base consulted during the international search (name of data base and, where practicable, search terms used)  
Please See Extra Sheet.

**C. DOCUMENTS CONSIDERED TO BE RELEVANT**

Category*	Citation of document, with indication, where appropriate, of the relevant passages	Relevant to claim No.
Y	US 4,229,449 A (MELLONI et al.) 21 October 1980, see abstract and column 18, lines 17-32.	1-16
Y	US 4,271,160 A (MELLONI et al.) 02 June 1981, see abstract and column 18, lines 17-34.	1-16
X	Database DRUGU on STN, No. 97-44592, (Department of Pharmacology, University College, Galway Ireland), HARKIN et al., "The effect of reboxetine in some preclinical tests predictive of antidepressant activity." J. Psychopharmacol. (Oxford), Abstract, 1997, Vol. 11, No. 3, Suppl., A39.	1-16

☐ Further documents are listed in the continuation of Box C. ☐ See patent family annex.

* Special categories of cited documents:	*T* later document published after the international filing date or priority date and not in conflict with the application but cited to understand the principle or theory underlying the invention
*A* document defining the general state of the art which is not considered to be of particular relevance	*X* document of particular relevance; the claimed invention cannot be considered novel or cannot be considered to involve an inventive step when the document is taken alone
*E* earlier document published on or after the international filing date	*Y* document of particular relevance; the claimed invention cannot be considered to involve an inventive step when the document is combined with one or more other such documents, such combination being obvious to a person skilled in the art
*L* document which may throw doubts on priority claim(s) or which is cited to establish the publication date of another citation or other special reason (as specified)	*G* document member of the same patent family
*O* document referring to an oral disclosure, use, exhibition or other means	
*P* document published prior to the international filing date but later than the priority date claimed	

Date of the actual completion of the international search

12 NOVEMBER 1998

Date of mailing of the international search report

21 DEC 1998

Name and mailing address of the ISA/US  
Commissioner of Patents and Trademarks  
Box PCT  
Washington, D.C. 20231

Facsimile No. (703) 305-3230

Authorized officer

DWAYNE C. JONES

Telephone No. (703) 308-1235

# INTERNATIONAL SEARCH REPORT

International application No.

PCT/US98/18139

## B. FIELDS SEARCHED

Electronic data bases consulted (Name of data base and where practicable terms used):

DRUGU, USPATFULL, REGISTRY, CAPLUS search terms include: reboxetine, (attention deficit or hyperactiv? or hyper activ? or (ADD or ADHD(s)attention), (hyperkinetic or hyper kinetic or brain dysfunction)

**THIS PAGE BLANK (USPTO)**